

<b>Case Number:</b>	CM13-0002261		
<b>Date Assigned:</b>	07/24/2013	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 07/24/2010. The primary treating diagnosis is a popliteal synovial cyst. The initial mechanism of injury is that the patient's foot got caught in a pallet and she fell to concrete on her left knee and also hit her chin. This patient is status post total knee replacement surgery on 07/08/2011 followed by postoperative therapy. In March 2013, six additional physical therapy sessions were certified. Subsequently eight additional sessions were non-certified in June 2013. The patient has reported ongoing knee pain. An initial peer review notes that the medical records currently address the patient request for an additional orthopedic consultation and do not provide a rationale for the requested eight additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient physical therapy for the right foot/ankle, additional 2 times per week over 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on physical medicine notes, "Active therapy requires an internal effort by the individual to complete a

specific exercise or task... Allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines therefore encourage titration of physical therapy with a specific prescription if the Final Determination Letter for IMR Case Number CM13-0002261 3 employee has not responded to past treatment. Thus, for example, if the patient proceeds with an additional orthopedic opinion and then a different type of physical therapy or different goals are recommended, the guidelines may support additional physical therapy then. At this time the medical records do not support any specific therapy goals or methods or rationale which differ from prior treatment.